

**ESHB 2876 - S AMD 259**  
By Senator Keiser

1       Strike everything after the enacting clause and insert the  
2 following:

3       "NEW SECTION.   **Sec. 1.** A new section is added to chapter 18.22 RCW  
4 to read as follows:

5       (1) By June 30, 2011, the board shall repeal its rules on pain  
6 management, WAC 246-922-510 through 246-922-540.

7       (2) By June 30, 2011, the board shall adopt new rules on chronic,  
8 noncancer pain management that contain the following elements:

9       (a) Dosing criteria, including:

10       (i) A dosage amount that must not be exceeded unless a podiatric  
11 physician and surgeon first consults with a practitioner specializing  
12 in pain management; and

13       (ii) Exigent or special circumstances under which the dosage amount  
14 may be exceeded without consultation with a practitioner specializing  
15 in pain management.

16       (b) Guidance on when to seek specialty consultation and ways in  
17 which electronic specialty consultations may be sought;

18       (c) Guidance on tracking clinical progress by using assessment  
19 tools focusing on pain interference, physical function, and overall  
20 risk for poor outcome; and

21       (d) Guidance on tracking the use of opioids.

22       (3) The board shall consult with the agency medical directors'  
23 group, the department of health, the University of Washington, and the  
24 largest professional association of podiatric physicians and surgeons  
25 in the state.

26       (4) The rules adopted under this section do not apply:

27       (a) To the provision of palliative, hospice, or other end-of-life  
28 care; or

29       (b) To the management of acute pain caused by an injury or a  
30 surgical procedure.

1        NEW SECTION.    **Sec. 2.**    A new section is added to chapter 18.32 RCW  
2 to read as follows:

3        (1) By June 30, 2011, the commission shall adopt new rules on  
4 chronic, noncancer pain management that contain the following elements:

5            (a) Dosing criteria, including:

6            (i) A dosage amount that must not be exceeded unless a dentist  
7 first consults with a practitioner specializing in pain management; and

8            (ii) Exigent or special circumstances under which the dosage amount  
9 may be exceeded without consultation with a practitioner specializing  
10 in pain management.

11          (b) Guidance on when to seek specialty consultation and ways in  
12 which electronic specialty consultations may be sought;

13          (c) Guidance on tracking clinical progress by using assessment  
14 tools focusing on pain interference, physical function, and overall  
15 risk for poor outcome; and

16          (d) Guidance on tracking the use of opioids.

17        (2) The commission shall consult with the agency medical directors'  
18 group, the department of health, the University of Washington, and the  
19 largest professional association of dentists in the state.

20        (3) The rules adopted under this section do not apply:

21            (a) To the provision of palliative, hospice, or other end-of-life  
22 care; or

23            (b) To the management of acute pain caused by an injury or a  
24 surgical procedure.

25        NEW SECTION.    **Sec. 3.**    A new section is added to chapter 18.57 RCW  
26 to read as follows:

27        (1) By June 30, 2011, the board shall repeal its rules on pain  
28 management, WAC 246-853-510 through 246-853-540.

29        (2) By June 30, 2011, the board shall adopt new rules on chronic,  
30 noncancer pain management that contain the following elements:

31            (a) Dosing criteria, including:

32            (i) A dosage amount that must not be exceeded unless an osteopathic  
33 physician and surgeon first consults with a practitioner specializing  
34 in pain management; and

35            (ii) Exigent or special circumstances under which the dosage amount  
36 may be exceeded without consultation with a practitioner specializing  
37 in pain management.

1 (b) Guidance on when to seek specialty consultation, including  
2 information on sufficient training and experience to exempt an  
3 osteopathic physician and surgeon from the specialty consultation  
4 requirement, and ways in which electronic specialty consultations may  
5 be sought;

6 (c) Guidance on tracking clinical progress by using assessment  
7 tools focusing on pain interference, physical function, and overall  
8 risk for poor outcome; and

9 (d) Guidance on tracking the use of opioids, particularly in the  
10 emergency department.

11 (3) The board shall consult with the agency medical directors'  
12 group, the department of health, the University of Washington, and the  
13 largest association of osteopathic physicians and surgeons in the  
14 state.

15 (4) The rules adopted under this section do not apply:

16 (a) To the provision of palliative, hospice, or other end-of-life  
17 care; or

18 (b) To the management of acute pain caused by an injury or a  
19 surgical procedure.

20 NEW SECTION. Sec. 4. A new section is added to chapter 18.57A RCW  
21 to read as follows:

22 (1) By June 30, 2011, the board shall repeal its rules on pain  
23 management, WAC 246-854-120 through 246-854-150.

24 (2) By June 30, 2011, the board shall adopt new rules on chronic,  
25 noncancer pain management that contain the following elements:

26 (a) Dosing criteria, including:

27 (i) A dosage amount that must not be exceeded unless an osteopathic  
28 physician's assistant first consults with a practitioner specializing  
29 in pain management; and

30 (ii) Exigent or special circumstances under which the dosage amount  
31 may be exceeded without consultation with a practitioner specializing  
32 in pain management.

33 (b) Guidance on when to seek specialty consultation, including  
34 information on sufficient training and experience to exempt an  
35 osteopathic physician's assistant from the specialty consultation  
36 requirement, and ways in which electronic specialty consultations may  
37 be sought;

1 (c) Guidance on tracking clinical progress by using assessment  
2 tools focusing on pain interference, physical function, and overall  
3 risk for poor outcome; and

4 (d) Guidance on tracking the use of opioids, particularly in the  
5 emergency department.

6 (3) The board shall consult with the agency medical directors'  
7 group, the department of health, the University of Washington, and the  
8 largest association of osteopathic physician's assistants in the state.

9 (4) The rules adopted under this section do not apply:

10 (a) To the provision of palliative, hospice, or other end-of-life  
11 care; or

12 (b) To the management of acute pain caused by an injury or a  
13 surgical procedure.

14 NEW SECTION. Sec. 5. A new section is added to chapter 18.71 RCW  
15 to read as follows:

16 (1) By June 30, 2011, the commission shall repeal its rules on pain  
17 management, WAC 246-919-800 through 246-919-830.

18 (2) By June 30, 2011, the commission shall adopt new rules on  
19 chronic, noncancer pain management that contain the following elements:

20 (a) Dosing criteria, including:

21 (i) A dosage amount that must not be exceeded unless a physician  
22 first consults with a practitioner specializing in pain management; and

23 (ii) Exigent or special circumstances under which the dosage amount  
24 may be exceeded without consultation with a practitioner specializing  
25 in pain management.

26 (b) Guidance on when to seek specialty consultation, including  
27 information on sufficient training and experience to exempt a physician  
28 from the specialty consultation requirement, and ways in which  
29 electronic specialty consultations may be sought;

30 (c) Guidance on tracking clinical progress by using assessment  
31 tools focusing on pain interference, physical function, and overall  
32 risk for poor outcome; and

33 (d) Guidance on tracking the use of opioids, particularly in the  
34 emergency department.

35 (3) The commission shall consult with the agency medical directors'  
36 group, the department of health, the University of Washington, and the  
37 largest professional association of physicians in the state.

1 (4) The rules adopted under this section do not apply:

2 (a) To the provision of palliative, hospice, or other end-of-life  
3 care; or

4 (b) To the management of acute pain caused by an injury or a  
5 surgical procedure.

6 NEW SECTION. **Sec. 6.** A new section is added to chapter 18.71A RCW  
7 to read as follows:

8 (1) By June 30, 2011, the commission shall adopt new rules on  
9 chronic, noncancer pain management that contain the following elements:

10 (a) Dosing criteria, including:

11 (i) A dosage amount that must not be exceeded unless a physician  
12 assistant first consults with a practitioner specializing in pain  
13 management; and

14 (ii) Exigent or special circumstances under which the dosage amount  
15 may be exceeded without consultation with a practitioner specializing  
16 in pain management.

17 (b) Guidance on when to seek specialty consultation, including  
18 information on sufficient training and experience to exempt a physician  
19 assistant from the specialty consultation requirement, and ways in  
20 which electronic specialty consultations may be sought;

21 (c) Guidance on tracking clinical progress by using assessment  
22 tools focusing on pain interference, physical function, and overall  
23 risk for poor outcome; and

24 (d) Guidance on tracking the use of opioids, particularly in the  
25 emergency department.

26 (2) The commission shall consult with the agency medical directors'  
27 group, the department of health, the University of Washington, and the  
28 largest professional association of physician assistants in the state.

29 (3) The rules adopted under this section do not apply:

30 (a) To the provision of palliative, hospice, or other end-of-life  
31 care; or

32 (b) To the management of acute pain caused by an injury or a  
33 surgical procedure.

34 NEW SECTION. **Sec. 7.** A new section is added to chapter 18.79 RCW  
35 to read as follows:

1 (1) By June 30, 2011, the commission shall adopt new rules on  
2 chronic, noncancer pain management that contain the following elements:

3 (a) Dosing criteria, including:

4 (i) A dosage amount that must not be exceeded unless an advanced  
5 registered nurse practitioner or certified registered nurse anesthetist  
6 first consults with a practitioner specializing in pain management; and

7 (ii) Exigent or special circumstances under which the dosage amount  
8 may be exceeded without consultation with a practitioner specializing  
9 in pain management.

10 (b) Guidance on when to seek specialty consultation, including  
11 information on sufficient training and experience to exempt an advanced  
12 registered nurse practitioner or certified registered nurse anesthetist  
13 from the specialty consultation requirement, and ways in which  
14 electronic specialty consultations may be sought;

15 (c) Guidance on tracking clinical progress by using assessment  
16 tools focusing on pain interference, physical function, and overall  
17 risk for poor outcome; and

18 (d) Guidance on tracking the use of opioids, particularly in the  
19 emergency department.

20 (2) The commission shall consult with the agency medical directors'  
21 group, the department of health, the University of Washington, and the  
22 largest professional associations for advanced registered nurse  
23 practitioners and certified registered nurse anesthetists in the state.

24 (3) The rules adopted under this section do not apply:

25 (a) To the provision of palliative, hospice, or other end-of-life  
26 care; or

27 (b) To the management of acute pain caused by an injury or a  
28 surgical procedure.

29 NEW SECTION. Sec. 8. (1) The boards and commissions required to  
30 adopt rules on pain management under sections 1 through 7 of this act  
31 shall work collaboratively to ensure that the rules are as uniform as  
32 practicable.

33 (2) On January 11, 2011, each of the boards and commissions  
34 required to adopt rules on pain management under sections 1 through 7  
35 of this act shall submit a report to the appropriate committees of the  
36 legislature detailing the progress made toward adopting the rules  
37 required by this act."

1        On page 1, line 1 of the title, after "management;" strike the  
2 remainder of the title and insert "adding a new section to chapter  
3 18.22 RCW; adding a new section to chapter 18.32 RCW; adding a new  
4 section to chapter 18.57 RCW; adding a new section to chapter 18.57A  
5 RCW; adding a new section to chapter 18.71 RCW; adding a new section to  
6 chapter 18.71A RCW; adding a new section to chapter 18.79 RCW; and  
7 creating a new section."

EFFECT:    The dates for repealing current Board rules for pain management and adopting new ones are aligned to both be June 30, 2011.

Rules must consider special circumstances when dosage amounts may be exceeded without consultation from a pain specialist.

Rules adopted by each practitioner board or commission must include information on sufficient training and experience to exempt a practitioner from the specialty consultation requirement.

In January 2011, each of the boards and commissions must report to the legislature on progress developing new pain rules.

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